

FILED OCT 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 33718

BIRTH NO. _____		REG. DIST. NO. 142		PRIMARY REG. DIST. NO. 4237		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View, Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View, Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If rural, give location) R.F.D. # 8			
3. NAME OF DECEASED (Type or Print)		a. (First) Bert		b. (Middle) Norman		c. (Last) Happy	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 27, 1880		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (State or foreign country) Centralia Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Happy		13b. MOTHER'S MAIDEN NAME Mary Shinall		14. NAME OF HUSBAND OR WIFE Mamie Happy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mamie Happy		ADDRESS Mtn View, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Had asthma for 10 yrs. DUE TO (c) Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 10, 1949 , to Oct. 3, 1949 , that I last saw the deceased alive on Oct. 3, 1949 , and that death occurred at 11 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James R. Shopper D.O.		23b. ADDRESS Mtn View Mo		23c. DATE SIGNED 10/6/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-7-49		24c. NAME OF CEMETERY OR CREMATORY Mountain View, Cem		24d. LOCATION (City, town, or county) (State) Mountain View, Mo	
DATE REC'D BY LOCAL REG. 10-7-49		REGISTRAR'S SIGNATURE Laura Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10/10/49
District ~~2nd~~ 4th Officer No 5,
District File Number 1049-643
Date Filed 10/13/49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4325

P. O. Address Mt. Vernon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.